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MANELLI DENI 7th Floor 2000 M Street, N.V Washington, DC 20	<b>)</b>	Cell I hereby certify that the States Postal Service addressed to the Maitransmitted to the USF	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
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01 FC:1501 02 FC:1504	1400.00 DP 300.00 DP	S MEETS	<b>9</b>			(Signature) (Date)
03 FCHAPPICATION NO.	FILING DATE	TRADES	FIRST NAMED INVE	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/699,932	,932 11/04/2003 James A. Dahlbo			erg	20-324	3887
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE I	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$140		\$300	\$1700	07/07/2005
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EXAMINER		ART UNIT		CLASS-SUBCLASS	J	
LAM, DAVID		2827	2827 365-201000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
AGERE SYSTEMS INC. Allentown, PA						
Please check the appropriate assignee category or categories (will not be printed on the patent):						
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):						
Issue Fee		A check in the amount of the fee(s) is enclosed.				
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XX Advance Order - # of		<del></del>	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50 - 0687 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above)						
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
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